



CONGRESSMAN PETER J. ROSKAM
Chief Deputy Whip
Illinois' 6th Congressional District

The District Office

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Fax: (202) 685-6077 Date: 7/19/11

To: Capt. (b) (6)

From:

(b) (6)

Other

Number of Pages (Including Cover Sheet): 5

Comments: The incident mentioned in the privacy
release was a DUI.

Active duty
Bureau - (u)

PETER J. ROSKAM

8TH DISTRICT, ILLINOIS

DEPUTY WHIP

COMMITTEE ON WAYS AND MEANS

SUBCOMMITTEES:

OVERSIGHT

INCOME SECURITY AND FAMILY SUPPORT

SELECT REVENUE MEASURES



Congress of the United States
House of Representatives
Washington, DC 20515-1306

507 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-1561
(202) 225-1166 FAX

150 S. BLOOMINGDALE ROAD
SUITE 200
BLOOMINGDALE, IL 60108
(630) 893-9670
(630) 893-9734 FAX

www.roskam.house.gov

July 19, 2011

Capt. (b) (6)
Director, House Liaison Office
Department of the Navy
B-324 Rayburn House Office Building
Washington, DC 20515-0001

Dear (b) (6)

My constituent, (b) (6) has requested my office to make an inquiry regarding the status of their case.

I would greatly appreciate any information you are able to provide. If you have any further questions or need clarification please contact my staff member, (b) (6) at 630-893-9670. Thank you for your time and attention.

Very truly yours,

Peter J. Roskam
Member of Congress

PJR/AS

Your signature on this document is required for assistance

Privacy Release Form

Congressman Peter Roskam, 6th Congressional District, IL

Under the Privacy Act of 1974, Federal Agencies are prohibited from releasing any information regarding an individual without written consent. Therefore, I hereby give you and your staff permission to make inquiries into my records kept by the:

(b) (6)
(List the following information)
Name _____
Street _____
City _____
Home _____
Date of birth _____

Veterans Claim Number (if applies) _____

Military Identification Number (if applies) _____

Other numbers identifying my case _____

Types of benefits I am seeking _____

Date and Place claim was filed _____

Please write a brief description of the problem with which you are requesting assistance (attach copies of additional documentation):

was placed on TDRL from Feb 2005 - Feb 2010, served '01-'05 active duty. Received med board findings finding me fit to return to active and finish contracted time, it stated I was to report to THTV/TPU Great Lakes, same rank and same job. I called they told me to go to recruiter, began a lot of things not needed because no one knew what to do. Because of an incident that occurred after receiving my papers to return to active, they said to me nope, you can't even return to active or reserve Navy, after I was to already have been activated. Have talked to some family friends who told me to, "get public opinion. Get a hold of TV station that has a ^{was} ~~was~~ and am a good sailor, was placed on

(b) (6)
Signature _____ Date 7/11/11

Please return to:
Congressman Peter Roskam
150 South Bloomingdale Road, Suite 200
Bloomington, IL 60108
F: (630) 893-9735

TDRL worked to be fit again, became fit enough to return to active duty, they told me to, and they won't let me, but did take all medical pay revoked.

INFORMAL	Findings of the Physical Evaluation Board Proceedings	Ref. # F210nm01367
Date Printed 24 Feb 2010		Page 1

(b) (6)

PHYSICAL EVALUATION BOARD

7. The Board convened at: NCPB, Washington DC, 24 Feb 2010 to consider the MedBoard originated at: Great Lakes, IL

Board Membership Consisted of:

Capt., USN, Medical Officer

Col., USMCR, Line Officer

Col., USMCR, Line Officer

FINDINGS

8. Finding Fit	9. Recommended Disposition Fit to Return from Temporary Retirement	10. Combined Disability Rating
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(b) (6)

NAVCUIT 1133/52 FOR PRIOR SERVICE

Enlistment Guarantees

(b) (6)

(b) (6)

NAME (LAST, FIRST, MIDDLE, JR., ETC.)

SSN

1. ACKNOWLEDGEMENT: In connection with my enlistment into the United States Navy I hereby acknowledge that:

a. I am enlisting into the U.S. Navy for an active duty period of four years and, at the same time, I agree to extend my enlistment for NA months to meet the obligations of the NA program. I am enlisting with the following guarantees and understanding:

b. Upon enlistment, I will be enlisted under the provisions of CNRC Instruction 1130.8 (series), option or options as indicated below:

4- ~~Option (1) NAVET/TDRL GUNNER'S MATE (GM3/E4)~~

4- ~~Option (2) REPORT TO TPU GLAKES IL OUTFITTING AND PROCESSING~~

Option (3) N/A

Option (4) N/A

2. I understand that I must be fully qualified at all times throughout my obligated service for all security, professional, military, physical, psychological, and academic requirements of the options guaranteed in section 1b and that my eligibility will be rechecked during in processing and periodically throughout my enlistment.

3. If I am found not qualified for the guarantee specified in section 1b above then I may lose that guarantee and, at the Navy's option, remain subject to continued Naval Service. I also understand:

a. If I am retained, I may be required to serve the rest of my enlistment. If given accelerated advancement, post-apprentice training, or an enlistment bonus, I may incur additional service as required by regulation.

b. The Navy may, at its option, discharge me in accordance with law and regulation.

4. I certify that I have read and the conditions for which I am enlisting, and the statements of understanding required for Options (b) (6)

(b) (6)

I will receive.

(b) (6)

I understand the (Applicant's Initials).

(Signature of Enlistee/Date)

Annex A to DD Form 4 dated _____

NAVCUIT 1133/52 (Rev. 02/09)